

Overview and Budget
Priorities of Vermont Care
Partners and Designated
and Specialized Service
Agencies



VERMONT
CARE
PARTNERS

Senate Health and Welfare Committee
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Vermont Care Partners: VT Council





Today

- Overview Of VCP and Designated And Specialized Services Agencies
- Core Functions and Outcomes
- Our Role Addressing the Mental Health Crisis
- Funding
- Key Challenges
- Budget Priorities



Vermont Care Partners Role

VCP Mission: Provide statewide leadership for an integrated, high-quality system of comprehensive services and supports.

Our sixteen non-profit community-based member agencies offer care to Vermonters affected by developmental disabilities, mental health conditions and substance use disorders.

Our person-and family-centered services are coordinated with other community providers to serve Vermonters in their homes, schools, communities, and places of employment.

We believe that Vermonters have a fundamental right to live in healthy and safe communities with access to locally provided health and support services.

Our services address the social contributors of health to advance the State's aims of improving overall health, controlling the cost of health care, and promoting access to quality care.



A STATEWIDE SYSTEM OF CARE IN VERMONT DESIGNATED AND SPECIALIZED SERVICE AGENCIES

NCSS: Northwestern Counseling & Support Services www.ncssinc.org

NKHS: Northeast Kingdom Human Services www.nkhs.org

GMSS: Green Mountain Support Services www.gmssi.org

LCMHS: Lamoille County Mental Health Services www.lamoille.org

CCS: Champlain Community Services www.ccs-vt.org

HC: Howard Center www.howardcenter.org

NFI: Northeastern Family Institute, NFI Vermont, Inc. www.nfivermont.org

WCMHS: Washington County Mental Health Services www.wcmhs.org

CSAC: Counseling Service of Addison County www.csac-vt.org

CMC: Clara Martin Center www.claramartin.org

UVS: Upper Valley Services www.uvs-vt.org

LSI: Lincoln Street, Inc. www.lincolnstreetinc.org

RMHS: Rutland Mental Health Services / Community Care Network www.rmhsccn.org

HCRS: Health Care & Rehabilitation Services www.hcrs.org

UCS: United Counseling Service of Bennington County www.ucsvt.org

FFSV: Families First in Southern Vermont www.familiesfirstvt.org



Responsive to
individual, family,
community,
regional and
statewide needs

Quality Care ✓ 90% of
Vermonters served say that
services made a difference in
their lives

**Accountable and Transparent
Care** ✓ Agencies provided
State government with over
240 required measures and
financial reports

Integrated Care ✓
Comprehensive services are
coordinated with other
providers to address housing,
transportation, employment
and medical needs

Cost Effective Care ✓ Our
publicly financed services
prevent more costly
institutional hospital and
residential care

Inclusive Care ✓ Agencies are
working on diversity, equity,
and inclusion to meet the
needs of all Vermonters

Skilled Care ✓ Dedicated staff
work 24/7 to meet the needs
of Vermonters often working
overtime, nights, and
weekends





Key Points

Vermont's public DA/SSA system was created by a statute and is required to address the needs of its mandated populations, including those who need long-term services and supports

It is grounded in the philosophy that everyone benefits when people receive **community-based -- rather than institutional -- care**

A hallmark of our model is **coordinated care** in the community, **integrated** at the system, program, and individual level

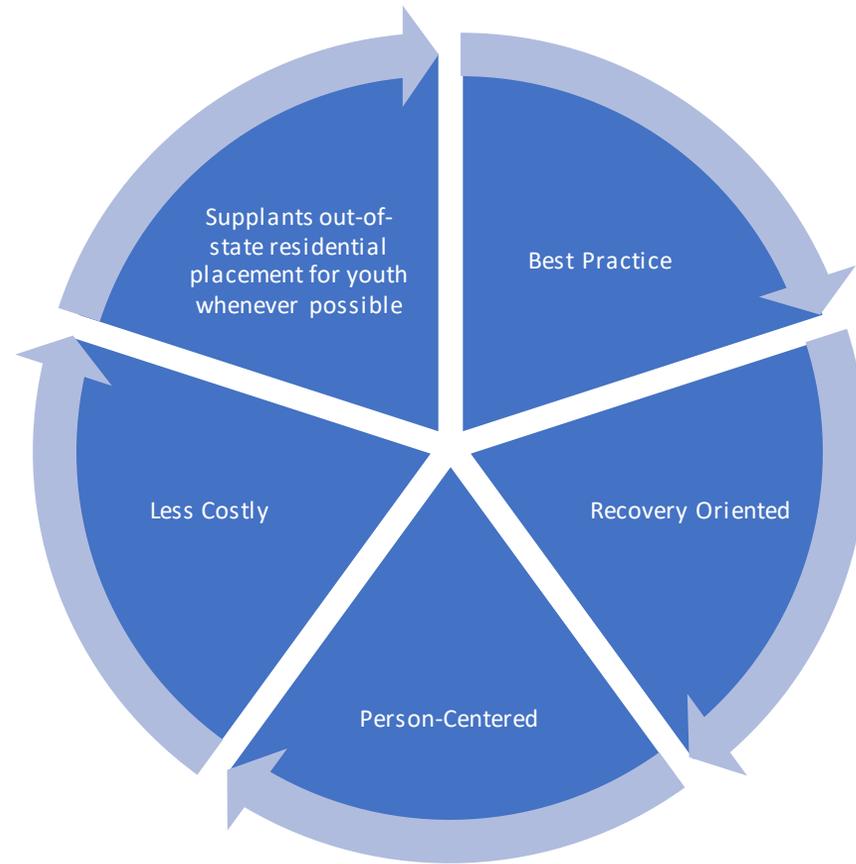


Indispensable Public System

- Designated to meet the needs of specific populations
 - Adults with Serious Mental Illness = CRT
 - Children/Youth with Severe Emotional Disturbance
 - Vermonters with Intellectual and Developmental Disabilities
 - Preferred Providers of Substance Use Disorder[SUD] Treatment
 - People with Intellectual/Developmental Disabilities
- All Vermonter can access
 - Outpatient Mental Health and SUD Services
 - 24/7 Crisis Response Services for all Vermonters
 - Community Outreach and Education



Institutionalization > Community-Based Care



ROOTED IN DEINSTITUTIONALIZATION

1963: Network agencies came into being as the result of the Community Mental Health Act, which was intended to move people living with mental illness out of institutions such as the Vermont State Hospital and back into productive and fulfilling lives in their communities.

1992: Success Beyond Six developed to meet the needs of kids in their schools who would otherwise be sent to residential or hospital care.

1993: Brandon Training School closed. Agencies worked together to enable people with intellectual and developmental disabilities who had been institutionalized or would have been institutionalized to live productive and fulfilling lives in their communities.

2011 post-Irene: Agencies worked together to care for individuals from the Vermont State Hospital in a community-based setting



Services and Supports



Children's Mental Health

Children's mental health programs provide therapeutic services to children and their families. These services include individual, group and family counseling in addition to a variety of supports that promote children's stability in the communities, schools, and homes. The vast majority of these services occur in the homes, communities, public school, and independent school environments.



Adult Mental Health

Our Adult Outpatient Mental Health Programs offer a range of prevention and intervention services, to help individuals, families and groups cope during times of stress and crisis, as well as to address emotional and behavioral difficulties. For adults with serious mental illness, our CRT /CSP programs provide an array of therapeutic, day, and residential services. Our services promote community, independence and recovery to minimize the need for inpatient and custodial care. CRT Intake Contacts



Emergency Services

We are available 24 hours a day, seven days a week in every community in Vermont. Services are intensive and time-limited, focused on resolving or stabilizing adults, families and children who are in acute mental health crisis.



Intellectual and Developmental Disability

Community-based supports are provided for children and adults with intellectual and developmental disabilities, which occur before age 18. We provide residential, and vocational services as well as services that support stability in the community, respite and flexible family supports.



Substance Use Disorder

A variety of substance use disorder services are provided by eight of the network agencies. These services include prevention and education programs in the schools, outpatient counseling, intensive outpatient programs, family and group counseling services, and services that support stability in the community.



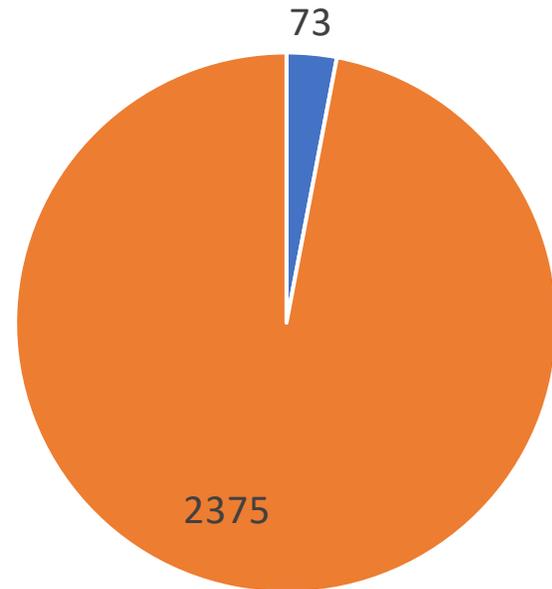
Community Outreach and Education

We provide communities with a variety of public awareness and training opportunities to increase their understanding of issues that are core to the network's mission, to reduce stigma and to improve care delivery



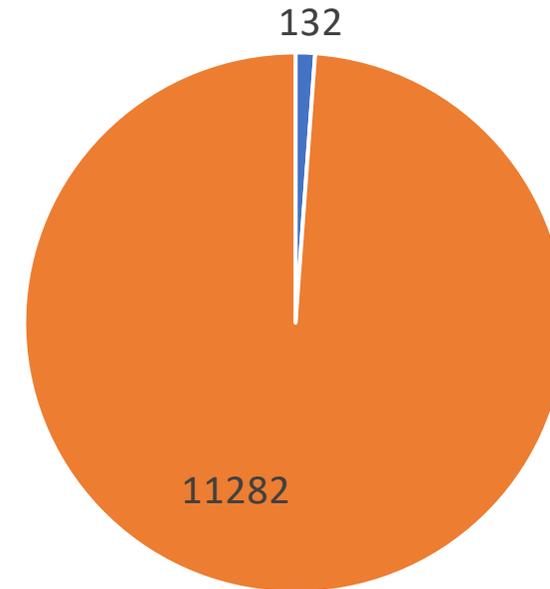
VCP agencies are supporting thousands of Vermonters with mental health challenges every day, preventing unnecessary usage of EDs

of CRT Clients Seen in EDs in SFY22
Compared to Overall CRT Clients Served



■ # Served In ED ■ Total Served

of Children, Youth and Family Services [CYFS] Clients seen in EDs in SFY22
Compared to Overall CYFS Clients Served



■ # Served In ED ■ Total Served





Developing New Programs to Address Urgent Care Needs and Emergency Department Pressures

- PUCK (Psychiatric Urgent Care for Kids)
- Four additional agencies developing urgent care programming for kids
- Agencies developed proposals to respond to psychiatric urgent care RFP from DMH, including development of “Living Room” model in 2-3 communities
- Front Door Program for Mental Health at NKHS in FY23 Budget
- Crisis text lines and robust 988 implementation
- Crisis Response Team in Chittenden County in progress
- Unique network-wide response to DMH’s RFP for Community Mobile Crisis Response

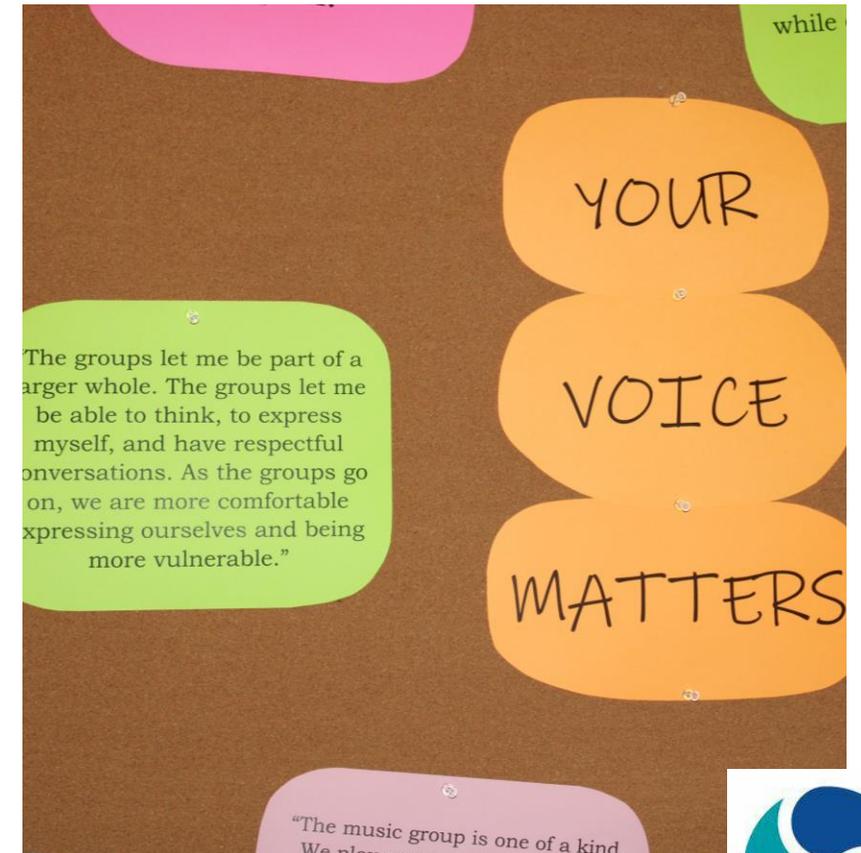
Much of this innovation is supported by VCP through monthly director groups and learning collaboratives to share in best practice.

Funding: state, federal, private sources, as well as time/resources contributed by network agencies



Crisis in the Current System is Directly Related to Inadequate Funding

- Over 30,000 Vermonters served annually
- Over 6 million service hours
- System-wide budget of approximately \$600 million
- Unlike any health care, education, and state government, there are no mechanisms for annualized increases/COLA
- 8% rate increase from VT Legislature last year helped
- Level funded in Governor's proposed FY23 budget

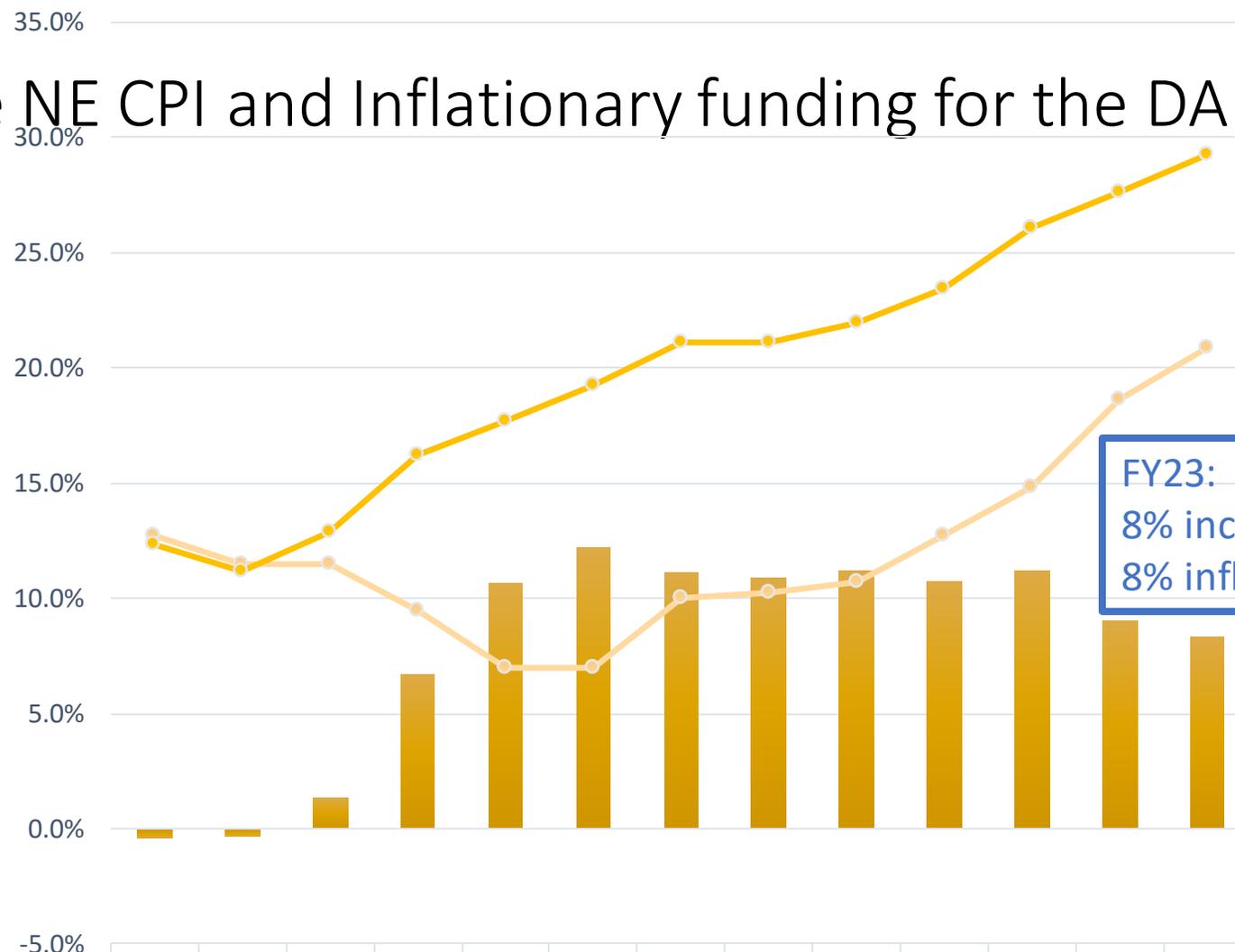


Statutory Language on DA/SSA Rates

- **§ 8914. Rates of payments to designated and specialized service agencies**
- (a) The Secretary of Human Services shall have sole responsibility for establishing the Departments of Health's, of Mental Health's, and of Disabilities, Aging, and Independent Living's rates of payments for designated and specialized service agencies that are reasonable and adequate to achieve the required outcomes for designated populations. When establishing rates of payment for designated and specialized service agencies, the Secretary shall adjust rates to take into account factors that include:
 - (1) the reasonable cost of any governmental mandate that has been enacted, adopted, or imposed by any State or federal authority; and
 - (2) a cost adjustment factor to reflect changes in reasonable costs of goods and services of designated and specialized service agencies, including those attributed to inflation and labor market dynamics.
- (b) When establishing rates of payment for designated and specialized service agencies, the Secretary may consider geographic differences in wages, benefits, housing, and real estate costs in each region of the State. (Added 2017, No. 82, § 11, eff. June 15, 2017.)



Gap between the NE CPI and Inflationary funding for the DA system FY10-FY22



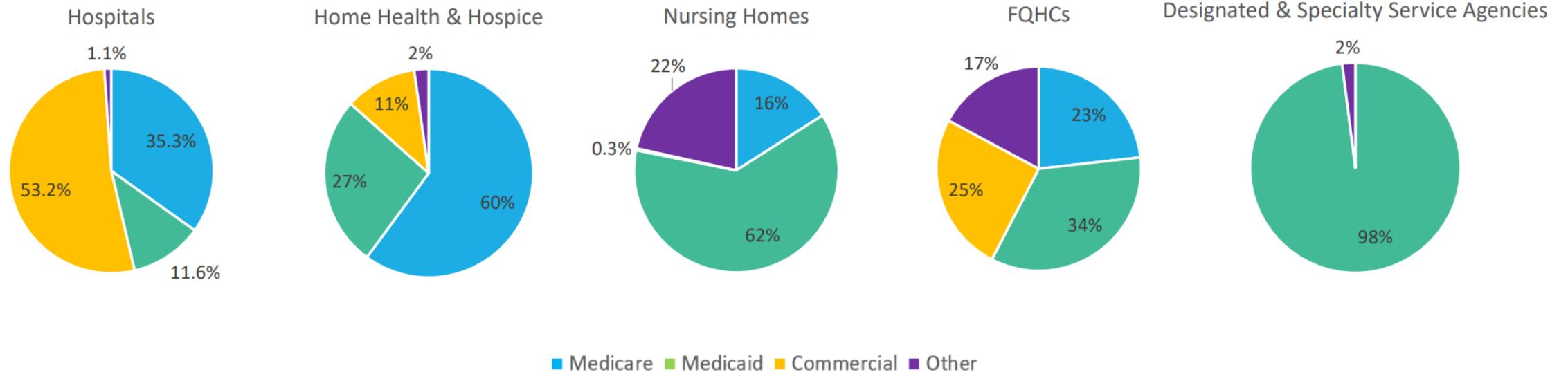
	FY10	FY11	FY12	FY13	FY14	FY 15	FY 16	FY 17	FY 18	FY 19	FY 20	FY 21	FY 22
Funding Gap	-0.4%	-0.3%	1.4%	6.7%	10.7%	12.2%	11.1%	10.9%	11.2%	10.7%	11.2%	9.0%	8.3%
Cumulative Approp Inc.	12.75%	11.50%	11.50%	9.50%	7.00%	7.00%	10.00%	10.22%	10.70%	12.70%	14.80%	18.60%	20.89%
Cumulative CPI* (NE)	12.3%	11.2%	12.9%	16.2%	17.7%	19.2%	21.1%	21.1%	21.9%	23.4%	26.0%	27.6%	29.2%

FY23:
8% increase
8% inflation



Revenue Stability: 2018 Payer Mix (System Level)

Payer Mix is the percentage of revenue coming from each payer- commercial, government, self-pay or other. Government payers typically reimburse at a lower rate than commercial.



Source: Green Mountain Care Board; Bi-State Primary Care; Department of Mental Health, Department of Aging and Independent Living
Note: "Other" includes disproportionate share payments (DSH) and self-pay. Hospital chart does not include the Brattleboro Retreat at this time.



A STATEWIDE SYSTEM OF CARE AT RISK

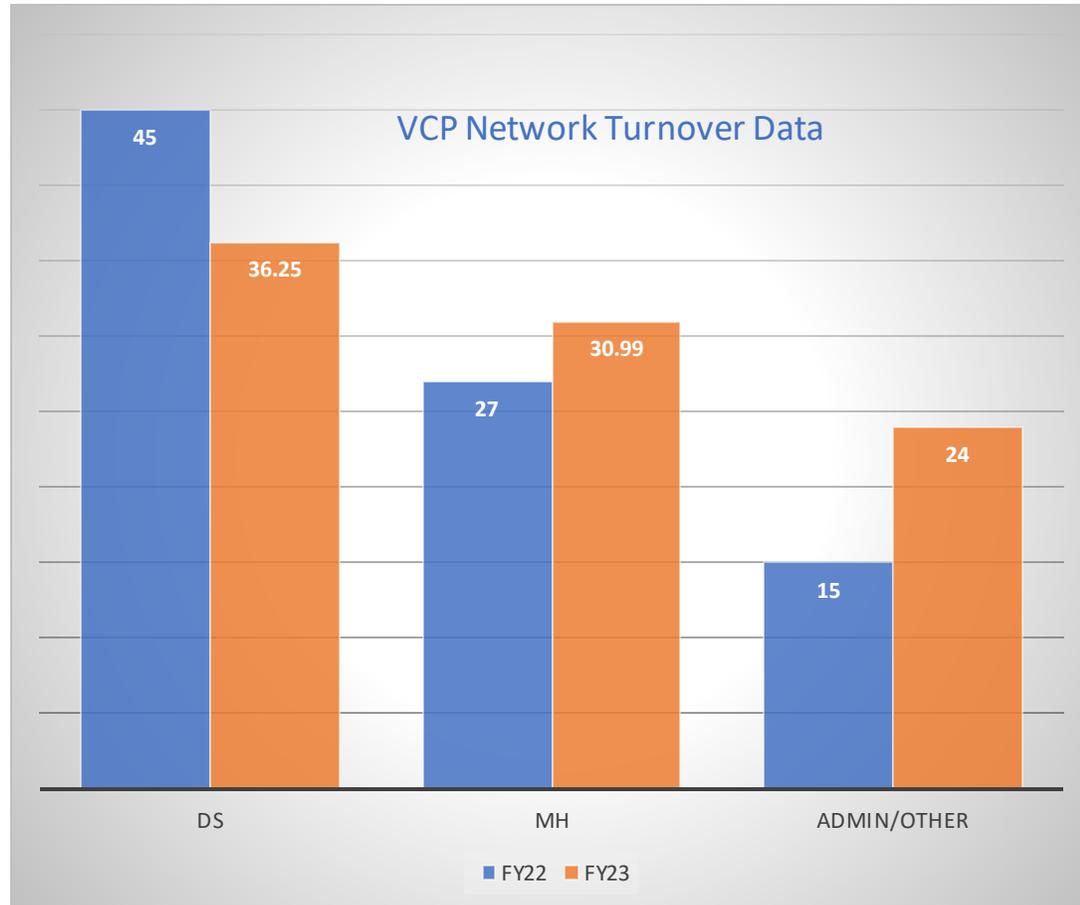
If the system fails, it will have a profound impact on the safety net that was created to support vulnerable Vermonters and place additional demands on public safety services.

The needs and costs to support vulnerable Vermonters will not go away, they will show up in more costly interventions such as crisis services, criminal justice interventions and higher costs to schools.

Health and safety of vulnerable Vermonters are at risk



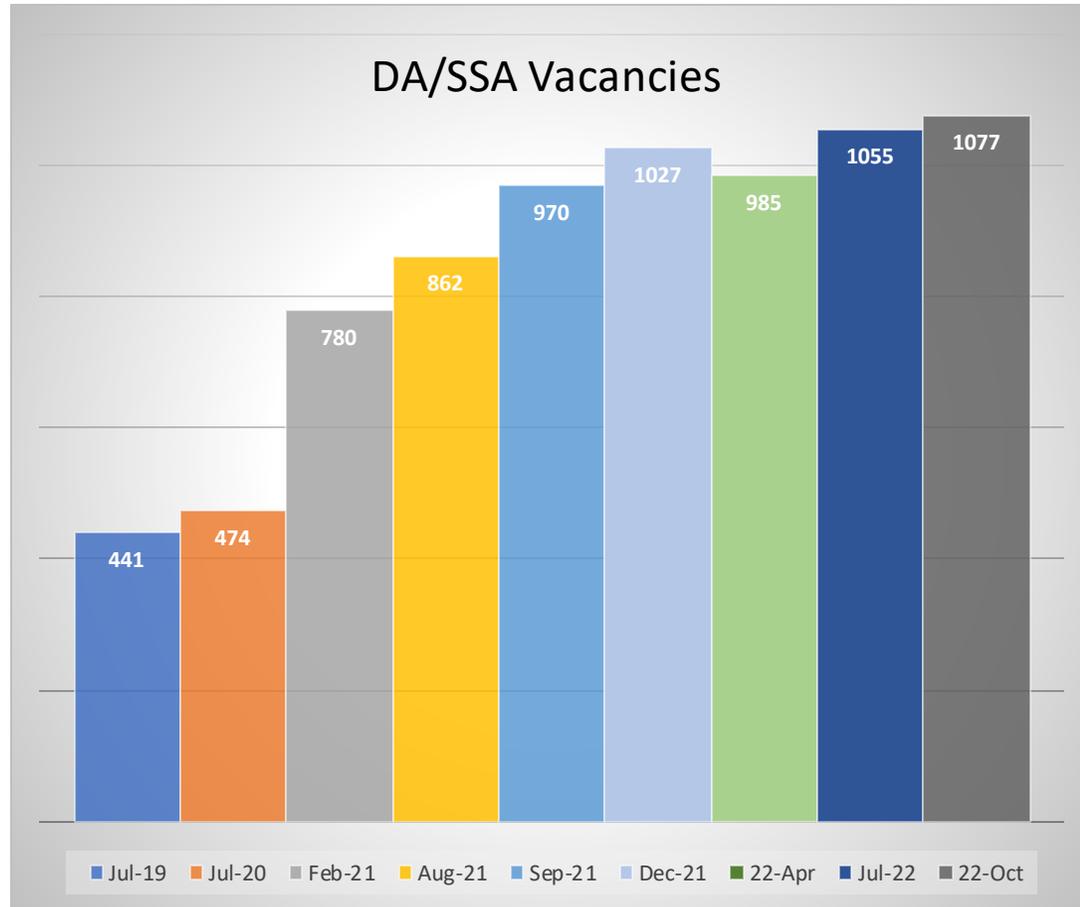
Workforce data and trends



- **Systemwide staff turnover in 2022 was 33.6% statewide. A significant driving factor is low, non-competitive salaries.**
- **Currently the system is reporting over 16% vacancy rate in MH/SUD and over 20% in DS**

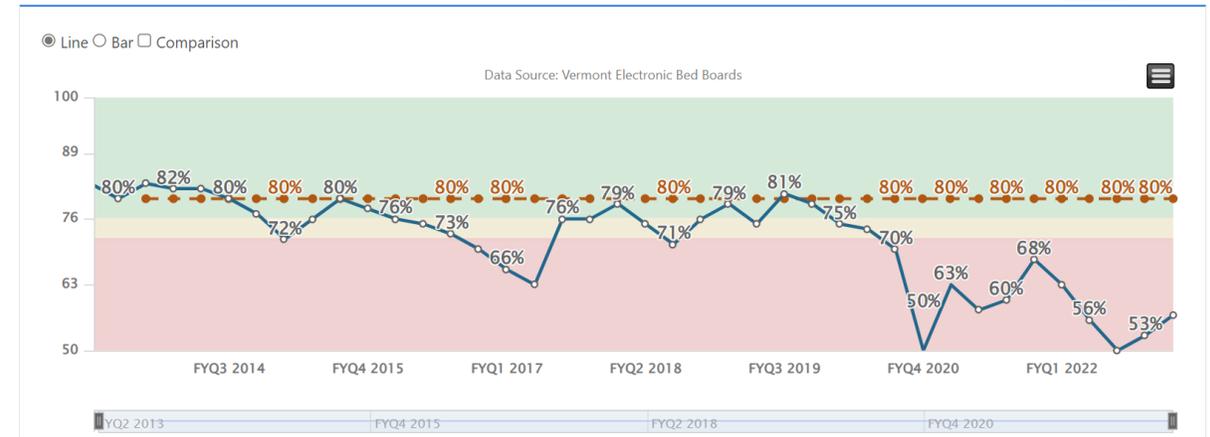


Staffing shortages = reduced bed capacity



% occupancy of Designated Agency adult crisis bed programs

57% FYQ1 2023



Unintended
consequences
of
underfunding
a critical public
system of care

Staffing shortages

Impact

Reduced staff capacity for
community-based
wraparound supports

✓ Increased need for acute
services such as ED
utilization, inpatient, and
private residential

Reduced residential bed
capacity

✓ Increased need for
inpatient care

Reduced crisis bed capacity

✓ Increased ED usage and
longer wait times

Reduced school-based,
community integration, and
family respite staff

✓ Increased referrals for
therapeutic schools and/or
out-of-state residential
placements and ED usage

Vermont Care Partners FY24 Funding Request

10% Medicaid Rate Increase

- ✓ Address inflation and labor Market factors
- ✓ Reduce staff are burnout and ensure Quality Care
- ✓ Reduce waits for needed services

\$1.3M GF to Improve Mental Health Rate Equity

\$453,000 GF to fully fund Eldercare mental health outreach program

\$ 6M one-time Tuition Assistance/Loan Repayment Program

- ✓ Workforce Development
- ✓ Staff Recruitment and Retention



Invest \$1.3 M GF to Improve Rate Equity

Goal: equitable access to quality services

- VCP is working with DMH and AHS to understand current rate discrepancies and to make adjustments
- Cost analysis by CohnReznick, using a nationally certified cost report model
- DMH and VCP are identifying core services for each designated agency
- End result will be a multi-year plan to achieve service and rate equity

Employee Investment Program

Program History

- Tobacco Settlement \$1.5 million for Mental Health and Substance Use Staff - implemented 2022
- Act 183 new funds \$1.25 million for Mental Health and Substance Use Staff – AHS will distribute
- Request \$6 new funds for ALL Designated and Specialize Service Agency Staff

Outcomes

- Over 320 awards made
- 94% Employee Retention Rate systemwide
- Supports Employee Recruitment
- Tuition Assistance supports workforce development



ELDER CARE FUNDING – INCREASE OVERDUE

- Level funded for decades
- 9 FTEs serve about 235 people each month
- 50 people on waitlists
- budgeted deficit of \$527,000
- \$453,000 GF needed to fully fund





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